Form 990

(Rev January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

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A F	or the	2019 calendar y	ear, or tax year begin	ning	, 2019, a	ind ending		, 20
B c	neck if an	pplicable	C Name of organizationHO	pe Plaza, Inc.,			D Empl	oyer identification number
_	dress cl		Doing business as					23-2326694
_		_		D box if mail is not delivered to street address)		Room/suite	E Telen	phone number
=	ame cha		L			Noonvadic		(215) 226-7600
=	Initial return 2001 West Lehigh Avenue							
d Fi	nal retun	n/terminated		rince, country, and ZIP or foreign postal code				s receipts
_ Ai	mended	retum	Philadelphia, F	PA 19132			\$	1,069,237
୷ୄ୷	oplication	n pending	F Name and address of pnr	ncipal officer	- /	→ H(a)) Is this a group return	for subordinates? Yes No
<u>=</u> :					F	H(b) Are all subordinat	es included?
آب ہا	x-exem	pt status 🕱 501	(c)(3) 501(c) () 4 (insert no) 4947(a)(1) or	527		If "No," attach a lis	st (see instructions)
<u>س</u> کر	ebsite [.]	► N/A				H(c) Group exemptio	n number 🕨
	orm of or	M State of leg	gal domicile PA					
Par		ganization 🛚 Con	poration Trust Asso	ociation Other >	L Year of formati		<u> </u>	
, <u>,,</u>	1		the organization's missi	on or most significant activities:	he organiza	tion was	created	to bring economic
)	=	-					
φ.				iladelphia to give hope				
Activities & Governance,		minorities	and disadvanta	ged citizens find jobs,	training,	and plac	cement in	the community.
E.	ļ							
185	2	Check this box ▶	► ☐ if the organization	discontinued its operations or dispos	sed of more than	25% of its n	et assets.	1
(U)	3	Number of voting	g members of the gove	ming body (Part VI, line 1a)			3	13
S	4	Number of indep	endent voting members	s of the governing body (Part	ង្គារនូវសេ	Frenchi	150m 0 , 4	8_
Ę	5	Total number of	individuals employed in	calendar year 2019 (Part V, I	Receive	ed US Ber	ულ ს <u>აცვ 5</u>	4_
ਓ	6	Total number of	volunteers (estimate if r	necessary)	,	340 .		8
⋖	7a	Total unrelated b	business revenue from l	Part VIII, column (C), line 12	,		7a	0
	1			from Form 990-T, line 39	01	CT 1.3.7		0
	 	THE UNITED BE	Joineso taxable income	10111 4111 000 1,1110 00 1	191		nor Year	Current Year
		0-4-6-4	(D+\/III line	461	/	F	nor rear	Content rear
d)	1	Contributions and	d grams (Part VIII, line	1h)	······	Sadon I	11	
Ž	9	-		2g)	•	1		1,068,925
Revenue	10		•	(a), lines 3, 4, and 7d)			662	312
ž	11	Other revenue (F	Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)		٠		0
	12	Total revenue - a	add lines 8 through 11 (i	must equal Part VIII, column (A), line	12)		916,548	1,069,237
	13	Grants and similar	ar amounts paid (Part I	X, column (A), lines 1-3)				0
	14	Benefits paid to		0				
	15	Salaries, other c	ompensation, employee	benefits (Part IX, column (A), lines 5	i-10)		121,234	95,397
Expenses				column (A), line 11e)			·	0
ë			expenses (Part IX, col		0			
꿃			(Part IX, column (A), lin	•			981,545	1,001,880
ш	1							
				equal Part IX, column (A), line 25)		•	1,102,779	1,097,277
	19	Revenue less ex	cpenses Subtract line	18 from line 12		·	(186,231)	(28,040)
562							g of Current Year	End of Year
sets	20	Total assets (Pa	ırt X, lıne 16)			•	1,487,240	1,553,594
Net Assets or Fund Balances	21	Total liabilities (F	Part X, line 26)				2,032,686	2,127,080
훒	22	Net assets or ful	nd balances Subtract	line 21 from line 20	<u>.</u>	•	(545,446)	(573,486)
Par	t II	Signature	Block				•	
				m, including accompanying schedules and state		of my knowledg	je and belief, it is	
true, o	correct, a	ind complete Declarat	tion of preparer (other than offi	cer) is based on all information of which prepare	r has any knowledge		I	
		\ MA	ethall.	don			ì	,
Sigr	1	Signature of c					Da	ite /
		, · /4	aseurly					9/15/2029
Here	•	21-0						7/1-/2020
		<u> </u>	name and title	Benerada genetira	Data		T	DTIN
_		Print/Type prepare	er s name	Preparer's signature	Date		Check if	PTIN
Paic		Robin B F	reeman	Robin B Freeman	<u> </u> 09-07-20	20	self-employed	P01583352
Prep	oarer	Firm's name	Freeman	& Bonnema PLLC		Firm's	EIN ►	
Use	Only	/ Firm's address ▶	P.O. Box	514		Phone	e no	
	-		Circle P	ines MN 55014			541-	610-9338
Mav	he IRS	discuss this retu		own above? (see instructions)				Yes X No
			Act Notice, see the se					Form 990 (2019)
				•				(=0.0)

Form	990 (2019) Hope Plaza, Inc., 23-2326694 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	The organization was created to bring economic empowerment into North Philadelphia to give hope
	to the community in order to assist minorities and disadvantaged citizens find jobs, training,
	and placement in the community.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,087,097 including grants of \$) (Revenue \$ 1,068,925)
•	Operation of a commercial retail center offering ground and building leases which stimulates
	employment, management and ownership opportunities for minority and disadvantaged residents in
	the area, which meets a critical need of the residents in an economically blighted section of
	Philadelphia.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
Rad .	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O) (Expenses \$
4d	Other program services (Describe on Schedule O) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 1,087,097

m 990			2	3-2326	694	F	ag
art IV	Checklist of Required Schedules						1
						Yes	
	ne organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				1.		
	plete Schedule A					X	╄
	ne organization required to complete Schedule B, Schedule of Contributors (see instructions)?				· 2		Ļ
	the organization engage in direct or indirect political campaign activities on behalf of or in opposition to						l
	didates for public office? If "Yes," complete Schedule C, Part I				. 3		Ļ
	tion 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f				1		
el e c	tion in effect during the tax year? If "Yes," complete Schedule C, Part II				. 4		Ţ
Is th	ne organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				-		
asse	essments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, P	art III			. 5		l
Did	the organization maintain any donor advised funds or any similar funds or accounts for which donors						I
have	e the right to provide advice on the distribution or investment of amounts in such funds or accounts? If						l
	s," complete Schedule D, Part I				. 6		
	the organization receive or hold a conservation easement, including easements to preserve open space,						T
	environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				. 7		l
	the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"					ļ	t
	plete Schedule D, Part III				. 8		l
	the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	• • •	• • •			 	t
	todian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or						l
					. 9		l
		• • •	• • •		.	 	t
	the organization, directly or through a related organization, hold assets in donor-restricted endowments				40		l
	n quasi endowments? If "Yes," complete Schedule D, Part V	• • •	• • •		- 10	 	+
	e organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,						١
	VIII, IX, or X as applicable.				Í	}	l
	the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"						I
	nplete Schedule D, Part VI				. 11a	X	4
	the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more						l
	s total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIL				. 11b	<u> </u>	4
	the organization report an amount for investments - program related in Part X, line 13, that is 5% or more					ļ	l
	s total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				. 11c		1
Dıd	the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets				1		l
герс	orted in Part X, line 16? If "Yes," complete Schedule D, Part IX				. 11d		
e Did	the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, P	art X			. 11e	X	
Did	the organization's separate or consolidated financial statements for the tax year include a footnote that additional statements for the tax year include a footnote that additional statements for the tax year include a footnote that additional statements for the tax year include a footnote that additional statements for the tax year include a footnote that additional statements for the tax year include a footnote that additional statements for the tax year include a footnote that additional statements for the tax year include a footnote that additional statements for the tax year include a footnote that additional statements for the tax year include a footnote that additional statements for the tax year include a footnote that additional statements for the tax year include a footnote that additional statements for the tax year include a footnote that additional statements for the tax year include a footnote that additional statement is given by the footnote that tax year include a footnote that additional statement is given by the footnote that tax year include a footnote that additional statement is given by the footnote that tax years in tax years in the footnote tax years in the footnote tax years in the footnote tax years in tax y	resses	s				I
	organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule L				. 11f		١
	the organization obtain separate, independent audited financial statements for the tax year? If "Yes," col						1
	nedule D, Parts XI and XII				. 12a	х	I
	s the organization included in consolidated, independent audited financial statements for the tax year? If						t
	s," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is opt	nonal			. 12ь		l
	ne organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E					1	Ì
	the organization maintain an office, employees, or agents outside of the United States?						t
	the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	• • •	• • •		.	 	t
							İ
	draising, business, investment, and program service activities outside the United States, or aggregate				146		l
	eign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV				. 14b		+
	the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				1		l
	any foreign organization? If "Yes," complete Schedule F, Parts II and IV				. 15	 	+
	the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other						
	istance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV				. 16	ļ	7
	the organization report a total of more than \$15,000 of expenses for professional fundraising services on						١
	t IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)				. 17	 	1
	the organization report more than \$15,000 total of fundraising event gross income and contributions on						
	t VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				. 18	<u> </u>	1
Did	the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?					1	
	/es," complete Schedule G, Part III				. 19		
	the organization operate one or more hospital facilities? If "Yes," complete Schedule H						Ţ
	es" to line 20a, did the organization attach a copy of its audited financial statements to this return?						T
	the organization report more than \$5,000 of grants or other assistance to any domestic organization or					1	Ť
	nestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		 -		. 21	1	
3011	g				Form	000 (2	_

' Form	990 (2019) Hope Plaza, Inc.,	23-23266	94	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				İ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	<u> </u>	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	• • • • • • •	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				ļ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		24-		۱
	through 24d and complete Schedule K. If "No," go to line 25a		24a 24b		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		240	 -	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		24-		
	to defease any tax-exempt bonds?		24c 24d	 -	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		240	 -	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		25a	ļ	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a	-	X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		ach.		
	If "Yes," complete Schedule L, Part L		25b	-	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III	• • • • • •	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions)		-		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a	ļ	X
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part IL	• • • • • •	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		1	1	
	or IV, and Part V, line 1		34	<u> </u>	х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a	L_	х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable		1		
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
_	19? Note: All Form 990 filers are required to complete Schedule O.		38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>	<u> </u>	
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	5			
b	41	0	}		
C	The state of the s				
_	reportable gaming (gambling) winnings to prize winners?	<u></u> .	1c	x	

Statem b If at lea Note: I 3a Did the b If "Yes 4a At any a finan b If "Yes See ins 5a Was th b Did any c If "Yes 6a Does th organia b If "Yes gifts wo 7 Organi a Did the and se b If "Yes c Did the	Statements Regarding Other IRS Filings and Tax Compliance (continued) the number of employees reported on Form W-3, Transmittal of Wage and Tax tents, filed for the calendar year ending with or within the year covered by this return ast one is reported on line 2a, did the organization file all required federal employment tax returns?	4	Yes	No
Statem b If at lea Note: I 3a Did the b If "Yes 4a At any a finan b If "Yes See ins 5a Was th b Did any c If "Yes 6a Does th organia b If "Yes gifts wo 7 Organi a Did the and se b If "Yes c Did the	lents, filed for the calendar year ending with or within the year covered by this retum		Yes	No .
Statem b If at lea Note: I 3a Did the b If "Yes 4a At any a finan b If "Yes See ins 5a Was th b Did any c If "Yes 6a Does th organia b If "Yes gifts wo 7 Organi a Did the and se b If "Yes c Did the	lents, filed for the calendar year ending with or within the year covered by this retum		1	
b If at lea Note: I No	ast one is reported on line 2a, did the organization file all required federal employment tax returns?		1 1	1
Note: I 3a Did the b If "Yes 4a At any a finan b If "Yes See ins 5a Was th b Did any c If "Yes 6a Does th organia b If "Yes gifts w 7 Organi a Did the and se b If "Yes c Did the	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ام ا	_	
3a Did the b If "Yes 4a At any a finan b If "Yes See ins 5a Was th b Did and c If "Yes 6a Does the organize b If "Yes gifts we 7 Organia a Did the and see b If "Yes c Did the bold the columns of the co		<u>2b</u>	х	
b If "Yes 4a At any a finan b If "Yes See ins 5a Was th b Did any c If "Yes 6a Does th organia b If "Yes gifts wo 7 Organi a Did the and se b If "Yes c Did the			_	
4a At any a finant b If "Yes See ins 5a Was th b Did any c If "Yes 6a Does th organiz b If "Yes gifts wo 7 Organia a Did the and see b If "Yes c Did the	organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>	<u> </u>	х
4a At any a finant b If "Yes See ins 5a Was th b Did any c If "Yes 6a Does th organiz b If "Yes gifts wo 7 Organia a Did the and see b If "Yes c Did the	," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	<u>3b</u>		L
b If "Yes See ins See	time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
See ins 5a Was th b Did any c If "Yes 6a Does th organia b If "Yes gifts w 7 Organi a Did the and se b If "Yes c Did the	cial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a		х
5a Was the body Did any control of the control of t	," enter the name of the foreign country		3 16/	ĺ
b Did any c If "Yes 6a Does the organia b If "Yes gifts we 7 Organi a Did the and se b If "Yes c Did the	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l
c If "Yes 6a Does to organia b If "Yes gifts wo 7 Organia a Did the and se b If "Yes c Did the	ne organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		х
6a Does the organization of the organization o	y taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
6a Does the organization of the organization o	" to line 5a or 5b, did the organization file Form 8886-T?			
organia b If "Yes gifts wi 7 Organi a Did the and se b If "Yes c Did the	he organization have annual gross receipts that are normally greater than \$100,000, and did the			
b If "Yes gifts wi 7 Organi a Did the and se b If "Yes c Did the	zation solicit any contributions that were not tax deductible as chantable contributions?	6a		х
gifts wift of the gradual of the gra	," did the organization include with every solicitation an express statement that such contributions or			
7 Organia Did the and seb If "Yesc Did the	ere not tax deductible?	6b	1	
a Did the and seb If "Yesc Did the	izations that may receive deductible contributions under section 170(c).	,		
and se b If "Yes c Did the	organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l
b If "Yes c Did the	rvices provided to the payor?	7a		x
c Did the	," did the organization notify the donor of the value of the goods or services provided?			
	e organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
require	ed to file Form 8282?	7с		х
	" indicate the number of Forms 8282 filed during the year			
	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			х
	irganization received a contribution of qualified intellectual property, did the organization file Form 8899 as require			х
	ganization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			х
	coring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	
	oring organization have excess business holdings at any time during the year?			
	oring organizations maintaining donor advised funds.		1	
•	e sponsoring organization make any taxable distributions under section 4966?	9a		
	e sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	on 501(c)(7) organizations. Enter			
	on fees and capital contributions included on Part VIII, line 12			
	receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ŀ
	on 501(c)(12) organizations. Enter	,	' [·	
	income from members or shareholders			
	income from other sources (Do not net amounts due or paid to other sources			
	t amounts due or received from them.)			
	in 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	," enter the amount of tax-exempt interest received or accrued during the year		T	
	n 501(c)(29) qualified nonprofit health insurance issuers.			3-
	organization licensed to issue qualified health plans in more than one state?	13a	1	
	See the instructions for additional information the organization must report on Schedule O.			
	he amount of reserves the organization is required to maintain by the states in which			
	panization is licensed to issue qualified health plans			
	he amount of reserves on hand			
	e organization receive any payments for indoor tanning services during the tax year?	14a		х
	" has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q		$\overline{}$	
	organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	organization subject to the section 4500 tax on payment(s) of more than \$1,000,000 in remaineration of	ı		i
If "Yes	s parachute payment(s) dunng the year?	15		х

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . .

16

If "Yes," complete Form 4720, Schedule O

16

Form 990 (2019) Hope Plaza, Inc. Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No

10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Ī
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		**************************************	Name of Street,
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed Pennsylvania
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website 🗵 Upon request 🗌 Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

` Form 990 (2019)	Hope Plaza,	. Inc

Part:VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - · List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

See instructions for the order in which to list the persons above

Check this box in heither the organization flor any rela	T Organizat	1011 001	прсп			ily our	Cit		1 1 1 1		
	1			((C)						
(A)	(B)	(B) Position (do not check more than one box, unless person is both an				(D)	(E)	(F)			
Name and title	Average				Reportable	Reportable	Estimated amount				
	hours					/trustee)		compensation	compensation	of other	
	per week							from the organization	from related organizations	compensation from the	
	(list any hours for	악교	28	Officer	3	ᆲ	ğ	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and	
	related	lirec	Ĭ	텬	em (Ploye	THE T			related organizations	
	organizations	Individual trustee or director	Institutional trust		Key employee	8 8					
	below	stee	L ST		8	pen					
	dotted line)	"	8			Highest compensated employee					
	ŀ					٦					
(1) Martha Addison	10.00										
Treasurer	40.00	_		х				0	55,080	0	
(2) Stanley Hill	10.00										
Board Member		Х						0	0	0	
(3) Glen Spaulding, Pastor	10.00	1									
President	40.00			Х				0	161,372	0	
(4) Carl Rivers	10.00										
Board Member		х						0	0	0	
(5) William Bond	10.00										
Board Member		х						0	0	0	
(6) Marc McCoy, Rev	10.00										
Board Member		X_						0	0	0	
(7) Fannita Whitt	10.00		1								
Board Secretary	25.00	X		х				0	0	0	
(8) Stephen McQueen, Pastor	10.00		1								
Board Member	25.00	x						0	43,100	0	
(9) Therlow Paulin II, Pastor	10.00										
Vice President	25.00	x		х				0	42,300	0	
(10)Larry Richardson, Rev	10.00										
Board Member	1	х						0	0	0	
(11)Thomasina Cornish	10.00										
Board Member		x						0	0	. 0	
(12)Jeffery Lowenthal	10.00										
Board Member		x						00	0	0	
(13)											
(14)											

(A) Name and title		(B) Average hours per week	Average box, unless person is both officer and a director/trus						(D) Reportable compensation from the	(E) Reporta compens from rela	rtable isation elated	compe	i amount other nsation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizal (W-2/1099-N	1	from organiza related org	
<u>(15)</u>													
<u>(16)</u>						_							
<u>(17)</u>			1										
<u>(18)</u>													
(19)													
<u>(20)</u>													
(21)			1						****				
(22)_													
(23)													
(24)													
<u>(25)</u>												······································	•
1b	Subtotal		• • •	• •	• •	• •		· •					-
C	Total from continuation sheets to Part VII, Sect		• • •	• •	• •	• •	• • •	٠ •		201			
d 2	Total (add lines 1b and 1c)	ted to those	listed a	bove	e) wl	no re	eceive	• ►l	0 ore than \$100,000		,852		0
	reportable compensation from the organization	>	••••				·				~~=~=~		
3	Did the organization list any former officer, direct	ctor, trustee.	kev en	nolor	vee.	or h	nahesi	t con	npensated				es No
	employee on line 1a? If "Yes," complete Schedu											3	х
4	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater the					nple	te Sch	edul	e J for such				
_	Individual					· ·			tion or indevidual	• • • • •		4 2	<u> </u>
5	for services rendered to the organization? If "Yes	-		_			_					5	- x
Secti	on B. Independent Contractors	<u>.,</u>									<u> </u>		177
1	Complete this table for your five highest compensa	ited independ	dent co	ontra	ctors	tha	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp	pensation for	the ca	lend	ar ye	ar e	ending	with	or within the orga	nization's ta	ax year.		
	(A) Name and business addres								(B) Description of service			(C) Compensatio	n
	Name and pusiness address				-		•						·· <u>·</u>
									.,				
													
	Total number of independent contractors (including	a but not lin	uted to	thos	e lie	ted	ahove) wh			<u>.</u>		
~	received more than \$100,000 of compensation fro				• •		22046	, ••···	-		,	-	

Form 990 (2019) Hope Plaza, Inc.,
Part VIII Statement of Revenue

<u> </u>		Check if Schedule O contains a response or ne	ote to any line in this	s Part VIII			
		Check in defication of contains a response of the	oto to diff into in the	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	·						sections 512-514
	1a	Federated campaigns 1a					
ည္သ	ь	Membership dues 1b		•			
	С	Fundraising events 1c		,	•		
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d		·			1
	е	Government grants (contributions) 1e					
S.E.	f	All other contributions, gifts, grants,			_		
is is		and similar amounts not included above 1f			3.	, ,	<u> </u>
聲	q	Noncash contributions included in		, , , , , , , , , , , , , , , , , , , ,	+ 1.4		وي چوند پور اد
a de		lines 1a-1f 1g	 \$;		1
ŭä	h	Total. Add lines 1a-1f					
			Business Code				
	2a	Rental Income	531120	1,068,925	1,068,925		
Program Service Revenue	ь				,,		
e G	c						-
n S	٦						
Rega	<u> </u>						
<u>Š</u>		All other program service revenue					
-	l	Total. Add lines 2a-2f		1,068,925	7 1	يع وال	
				1,000,323		· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including dividends, interest, other similar amounts)		312			312
	4	Income from investment of tax-exempt bond processing					
		Royalties					
	5				=		
		(i) Real	(ii) Personal		,		
		Gross rents 6a			:		İ
		Less rental expenses 6b					ì
		Rental income or (loss) 6c	J				
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(II) Other				
		sales of assets					
6 \	b	other than inventory Less cost or other basis					
Revenue	1	and sales expenses 7b					
e e	1	Gain or (loss) 7c	l				
_	1	Net gain or (loss)	<u></u> ▶				
Othe	8a	Gross income from fundraising					
0	}	events (not including \$					
	Ì	of contributions reported on linc			,		į
		1c) See Part IV, line 18 8a	·				
		Less direct expenses			-	<u> </u>	1
			.				. 1
	9a	Gross income from gaming		aru ar i		3 . 4	æ , æ
	١.	activities, See Part IV, line 19 9a					
	1	Less direct expenses 9b					
	1		<u></u>				
	10a	Gross sales of inventory, less returns and allowances					
	١.				-		
		Less cost of goods sold					<u>'</u>
	 С	Net income or (loss) from sales of inventory					1
w	110		Business Code				
e g	11a				-		
llar ent	b				 		
Miscellanous Revenue	°	All other revenue	-				· · · · · · · · · · · · · · · · · · ·
Ž	1 -	· · · · · · · · · · · · · · · · · · ·			 		· · · · · · · · · · · · · · · · · · ·
		Total Add lines 11a-11d		1,069,237	1,068,925	0	312
	ΙZ	Total revenue. See instructions		1,003,231	2,000,325		J.E.

	990 (2019) Hope Plaza, Inc.,			23-23266	94 Page 10
	t IX Statement of Functional Expenses	AR #		fun (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c				
Do n	Check if Schedule O contains a response or note to ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				1
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			. = -	عدم مدادة
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and		İ		
	foreign individuals See Part IV, lines 15 and 16 . , , .				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	05.005	05.005		
7	Other salaries and wages	95,397	95,397		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)	20.000	20.000		
a	Management	30,000	30,000		
b	Legal	0.704		0.704	
C	Accounting	8,704		8,704	
ď	Lobbying			= 7 7	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				***************************************
g	Other. (If line 11g amount exceeds 10% of line 25, column	5,582	5,582		
40	(A) amount, list line 11g expenses on Schedule O)	3,382	3,382		
12	Advertising and promotion	1 476		1,476	
13	·	1,476		1,4/6	
14	Information technology				
15	Royalties	675,909	675,909	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
16 47	Travel	675,909	675,909		***************************************
17 18	Payments of travel or entertainment expenses				
10	•				
19	for any federal, state, or local public officials Conferences, conventions, and meetings		• • • • • • • • • • • • • • • • • • • •	-	
20	Interest	46,074	46,074		
21	Payments to affiliates		30,079		
22	Depreciation, depletion, and amortization	65,883	65,883		

77,340

79,277

10,770

1,097,277

865

77,340

79,277

10,770

1,087,097

865

0

10,180

23 24

> c d

25

26

Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

Total functional expenses. Add lines 1 through 24e. .

Joint costs. Complete this line only if the

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Leasing Commissions

Miscellaneous

All other expenses

Sales Tax on Services

Hope Plaza, Inc.

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 28,964 1 121,164 2 2 3 3 Pledges and grants receivable, net 13,870 4 4 13,367 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 8 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis, Complete Part VI of Schedule D 10a 5,274,562 Less accumulated depreciation 10b 3,855,499 1,444,406 10c 1,419,063 11 11 12 Investments - other secunties. See Part IV, line 11 12 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,487,240 16 1,553,594 12,423 17 17 7,626 18 27,245 19 25,100 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, iabilities. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X. 1,993,018 2,094,354 26 2,032,686 26 2,127,080 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 27 (545,446)(573,486)28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 32 (545,446)32 (573,486)33 1,487,240 1,553,594

Form	990 (2019) Hope Plaza, Inc., 2	<u>3-232</u>	6694		Pa	age 12
Par	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	· · · ·			<u>. L</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,	069,	237
2	Total expenses (must equal Part IX, column (A), line 25)	. 2 1,			097,	277
3	Revenue less expenses Subtract line 2 from line 1	3	3 (2			040)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		(!	545,	446)
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		(573,	486)
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>. 🗆</u>
					Yes	No
1	Accounting method used to prepare the Form 990		-			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				-	
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		L			
b	Were the organization's financial statements audited by an independent accountant?		[2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		Γ	ŭ		1
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		[2c		x
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.		L			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?		[3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Γ			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u> </u>	3ь		
EEA				Form	990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trus

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

23-2326694 Hope Plaza, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iii) Type of organization (iv) is the organization (v) Amount of monetary (vI) Amount of (I) Name of supported organization (ii) EIN listed in your governing other support (see (described on lines 1-10) support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

ion	23-23266 170(b)(1)(A)(failed to qua e Part III.)	(vi) /
	(e) 2019	(f) Total
/		
	-	
	- : •	
	(e) 2019	(f) Total
	42	L
as :	12 a section 501(d	2)(3)
<u></u>		▶ □
	r·· 1	

Pa	ert II Support Schedule for Organiza							
	(Complete only if you checked th						lify under	
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)		
Se	ction A. Public Support		<u> </u>			· · · · · · · · · · · · · · · · · · ·		
Cal	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and				1		/	
	membership fees received. (Do not							
	ınclude any "unusual grants.")							
2	Tax revenues levied for the							
	organization's benefit and either paid		j		1			
	to or expended on its behalf							
3	The value of services or facilities			1	/	1		
	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by	-						
	each person (other than a		ļ					
	governmental unit or publicly				1			
	supported organization) included on							
	line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4	L.		-	. e-	- 1 -		_
	ction B. Total Support							_
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4							_
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from		/					
	similar sources			•				
9	Net income from unrelated business		/					_
•	activities, whether or not the business		1					
	is regularly carried on							
10	Other income. Do not include gain or							_
	loss from the sale of capital assets							
	(Explain in Part VI.)							
11	Total support. Add lines 7 through 10			V 2 + 2 + 2 + 2				_
	Gross receipts from related activities, etc. (se	ee instructions)			12		
	First five years. If the Form 990 is for the or						c)(3)	
	organization, check this box and stop here							
Se	ction C. Computation of Public Suppor						- 3-1-1	
	Public support percentage for 2019 (line 6, c			column (f))		14		-%
	Public support percentage from 2018 Sched					15	•••••	
	a 33 1/3% support test - 2019 If the organiza					% or more, ch	eck this	
	box and stop here. The organization qualifies							
ı	o 33 1/3% support test - 2018. If the organiza							
•	this box and stop here. The organization qu							
17:	10%-facts-and-circumstances test - 2019.							_
116	10% or more, and if the organization meets t							
	Part VI how the organization meets the "fact							
	organization							
	o 10%-facts-and-circumstances test - 2018.						line	
	5 10%-racts-and-circumstances test - 2016. 15 is 10% or more, and if the organization m	-					iii le	
	Explain in Part VI how the organization meet						alicly	
							JiiOiy ⊾	
40	supported organization Private foundation. If the organization did r							u
18	-							
·	instructions	<u> </u>			<u> </u>	· · · · · · · ·	<u></u>	<u></u>

Schedule A (Form 990 or 990-EZ) 2019

Hope Plaza, Inc.,

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sac	ction A. Public Support			,, , , , , , , , , , , , , , , , , , ,			
-	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	_ (a) 2010	(0) 2010	(6) 2017	(4) 2010	(0) 2010	(1) 10(01
'	received. (Do not include any "unusual grants.")				1		
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities			•			
	fumished in any activity that is related to the organization's tax-exempt purpose	1,411,741	706,809	745,792	915,886		3,780,228
3	Gross receipts from activities that are not an	-,,	- 700,005	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	323,333		37.337==3
•	unrelated trade or business under section 513.	ļ		,			
4					-		
•	organization's benefit and either paid to			1			
	or expended on its behalf		,				
5	The value of services or facilities	-					
Ū	furnished by a governmental unit to the						
	organization without charge						
6		1,411,741	706,809	745,792	915,886		3,780,228
	Amounts included on lines 1, 2, and 3			1 30 , 7 5 2	513,000		
	received from disqualified persons		`				
b	Amounts included on lines 2 and 3						
~	received from other than disqualified				•		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8					•		·
•	line 6)	ایدیوس	7 4 4 745 18 50	, , , , , , , , , , , , , , , , , , ,	<u> </u>	4 #	3,780,228
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1,411,741	706,809	745,792	915,886		3,780,228
	Gross income from interest, dividends,			ĺ	, ,	•	•
	payments received on securities loans, rents,			İ			
	royalties, and income from similar sources	1,188			662		1,850
b	Unrelated business taxable income (less	,				-	·
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	1,188			662		1,850
11	Net income from unrelated business	,		-			
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets			İ			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
		1,412,929	706,809	745,792	916,548		3,782,078
14	First five years. If the Form 990 is for the or				h tax year as a	section 50	
	organization, check this box and stop here	-					
Se	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 8, c			column (f))		15	99.95 %
	Public support percentage from 2018 Sched					16	99.90 %
	ction D. Computation of Investment In						
17				ne 13, column	(f))	17	0.00 %
	Investment income percentage from 2018 S					18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz	zation did not c	heck the box o	n line 14, and l	ine 15 is more	than 33 1/3	%, and line
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz						
_	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	-	_	•			_

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1	-	
•	2		
	 3a		
	3b	c-machestras	
]
	4a		
	4b		
	*	۵	
	 5a	<u> </u>	<u>.</u> .
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations	must complete Section	s A through E.
Section A. Adjusted Not Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) Thorreal	(optional)
1 Net short-term capital gain	1	<u> </u>	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	<u>. </u>	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	۵ .		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			,
factors (explain in detail in Part VI).		63 6 3 - 67	5- 1 10 1 E 3 :
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		,	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	•	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	 	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	organization (see
instructions).			

	ule A (Form 990 or 990-EZ) 2019 Hope Plaza, Inc.,		23-232	6694 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3	Supporting Organia	zations (continued)	,
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes	· ·	
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		··	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in Part VI). See instructions.			
9			· · · · ·	
	Line 8 amount divided by line 9 amount			,
			(ii)	(iii)
•	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015		• 4 6	ز بر جو سو چا و ا
	From 2016		e,	41 - 1
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			*5.
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			, ,
4	Distributions for 2019 from			
•	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.		1	
	Remaining underdistributions for years prior to 2019, if			_
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
-	Remaining underdistributions for 2019. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
	Excess distributions carryover to 2020. Add lines 3j			· ···
′				÷ . •
,	and 4c. Breakdown of line 7:	+	<u>-</u>	
	F			3
	Excess from 2015 Excess from 2016			<u> </u>
			<u> </u>	
	Excess from 2017			
	Excess from 2018 Excess from 2019		2 No. 3	144 _, 1 &
_	FICESS ICOM ZUTS	· ·	1 2 20 3	

Page 8 or 17b; Part IV, Section es 1c, 2a, 2b, V, Section E,	
· · · · · · · · · · · · · · · · · · ·	
···-	
 	

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Se B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1 and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Se lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	ection c, 2a, 2b,
	miles 2, 6, and 6.7 and complete time part for any additional whermalier (200 methods)	
		
	•	
		
-		
		··
		· · · · · · · · · · · · · · · · · · ·
EEA ,	Schedule A (Form 990	or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name	of the organization		Employer Identification number
Нор	e Plaza, Inc.,		23-2326694
Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	rriting that the assets held in donor advised	, <u>, , , , , , , , , , , , , , , , , </u>
	funds are the organization's property, subject to the organizat		
6	Did the organization inform all grantees, donors, and donor ad		
	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?	-	
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" of	n Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu		f a historically important land area
	Protection of natural habitat	<u> </u>	of a certified historic structure
	Preservation of open space	1103014410110	a deranda riisbrio saddale
2	Complete lines 2a through 2d if the organization held a qualifier	d conservation contribution in the form of a co	onservation
-	easement on the last day of the tax year.		· · · · · · · · · · · · · · · · · · ·
а			Held at the End of the Tax Yea 2a
b			}
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	, ,	
u			2d
3	Number of conservation easements modified, transferred, rele		
J	tax year	sased, extinguished, or terminated by the org	janization during the
4	Number of states where property subject to conservation easi	ement is located.	
5	Does the organization have a written policy regarding the pen		
3	violations, and enforcement of the conservation easements it is	-	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
U	Stall and volunteer flours devoted to florittoring, inspecting, he	anding of violations, and enforcing conservat	non easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and onforcing consequence	accoments during the year
,	S	ng of violations, and emorcing conservation a	easements during the year
8	Does each conservation easement reported on line 2(d) abov	a catisfy the regularements of coction 170/h//	4\/P\/ ₁ \
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements	e to the organization's infancial statements to	ial describes the
Da	t III Organizations Maintaining Collections	of Art Historical Treasures or C	Other Similar Assets
ra	Complete if the organization answered "Yes"		Milei Ollillai Assets.
1a	If the organization elected, as permitted under FASB ASC 956		polongo choot works
ıa	of art, historical treasures, or other similar assets held for publ		
	service, provide, in Part XIII the text of the footnote to its finar		rance of public
_	•		nee about works of
b	If the organization elected, as permitted under FASB ASC 956		
	art, historical treasures, or other similar assets held for public or	exhibition, education, or research in futilieral	ice of public service,
	provide the following amounts relating to these items.		. •
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	-	in, provide the
	following amounts required to be reported under FASB ASC S	<u> </u>	
a	Revenue included on Form 990, Part VIII, line 1		
ь	Assets included in Form 990, Part X		▶ \$

Schedu	ule D (Form 990) 2019 Hope Plaza, Inc	s.,					23-232		Page	
Par	t III Organizations Maintaining	Collections	of Art, His	torical T	reasures,	or Otl	ner S <u>im</u> ilar A	ssets (cc	ntinue	<u>(t</u>
3	Using the organization's acquisition, accession									
_	collection items (check all that apply)					_				
а	Public exhibition		d	Loan	or exchange p	orogram	S			
b	Scholarly research		-	_						
_										
C	Preservation for future generations Provide a description of the organization's col	lactions and evnla	un how they f	urther the c	organization's	evemnt	numose in Part			
4		ections and expic	in now aley i		organization s	exempt	pulpose in rait			
_	XIII.			aal teaaau		endor				
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								□ vas	. No	_
D			part of the of	ganization	s collections.				<u> </u>	<u>'</u>
Pai	Complete if the organization a		o" on Earm	000 Ba	rt IV/ line (0 05 50	ported an am	ount on E	orm	
	•	alisweieu re	S OII FOIN	1 990, 178	iitiv, iiii c s	9, UI 16	ported an am	ount on i	OIIII	
	990, Part X, line 21.			1					-	_
1a	Is the organization an agent, trustee, custodiar	n or other interme	diary for contr	ibutions or	otner assets	not		п.,	п.,	
					• • • • • •		· · · · · · · · ·	∐ Yes	i ∐ No)
b	If "Yes," explain the arrangement in Part XIII a	and complete the f	following table) .			1			
							Ar	nount		
C	Beginning balance				· ·	. <u>1c</u>				
d	Additions during the year					. <u>1d</u>				
e	Distributions during the year					. <u>1e</u>	<u> </u>			
f	Ending balance									
2a	Did the organization include an amount on For	m 990, Part X, Iır	e 21, for escr	ow or cust	odial account	liability?	·	. 🗌 Yes	i 🗌 No	3
b	If "Yes," explain the arrangement in Part XIII	Check here if the	explanation h	as been pr	ovided on Pa	rt XIII .			<u> </u>	
Pai	rt V Endowment Funds.									
	Complete if the organization a	answered "Ye	s" on Form	990, Pa	art IV, line	10.				
_		(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four	years back	
1a	Beginning of year balance				1					
ь	Contributions						4.04.			
c	Net investment earnings, gains, and	· - · ·								
·	losses		ŀ							
	Grants or scholarships									_
d	•		- 		-					_
е	Other expenditures for facilities and									
	programs					- 1				_
f	Administrative expenses		-	-	-					
g	End of year balance	L	1 4		<u> </u>					
2	Provide the estimated percentage of the curre			olumn (a)) i	neid as					
а	Board designated or quasi-endowment		•							
b		%								
C	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	ssion of the organ	zation that are	e held and	administered	for the		ı		
	organization by								Yes N	lo_
	(i) Unrelated organizations							. 3a(i)		
								. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	itions listed as rec	ured on Sch	edule R?.				. 3b		
4	Describe in Part XIII the intended uses of the									_
Pa	rt VI Land, Buildings, and Equip									
	Complete if the organization		s" on Form	1990, Pa	art IV, line	<u>11</u> a. S	ee Form 990,	Part X, li	<u>ne 1</u> 0.	
	Description of property	1	r other basis		or other basis		Accumulated	(d) Bool		
	et - transfer av	1 ''	stment)	1	other)		epreciation			
	Land								· -	_
b	Buildings			5	124,858	•	3,810,144	1 - 3	314,71	4
~	Leasehold improvements	• •		<u> </u>	,		-,,		,	_
ن ام	· ·	.			149,704		45,355		04,34	<u> </u>
d	Equipment	• •					43,333		. J = , J = .	
Tota	Other		Part V. colum	n /P) /mo	1001			1 /	19.06	

EEA

(a) Box state (b) Box state (c		Complete if the organization answered '	Yes" on Form	990, Parl	IV, line 11b. See Fo	rm 990, Paπ X, line 12.
3 Observation				(b) Book va		
(A) (B) (C)	l) Financial o	derivatives				
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	2) Closely-he	eld equity interests	· · · · · ·	-		
(E) (C) (D) (E)						
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

23-2326694

Department of the Treasury Internal Revenue Service Name of the organization

Hope Plaza, Inc.,

Go to www.irs.gov/Form990 for instructions and the latest information. Inspec

Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) ☐ Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III □ Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a X х If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of x X If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2019 Hope Plaza, Inc., Part II Officers, Directors, Trustees. Ke

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

Inspection Employer Identification number

Hope Plaza, Inc.,	23-2326694
01. Management duties delegation (Part VI, line 3)	
va. management dates designation (color in)	
Hope Plaza utilizes an outside property management company to perform o	day-to-day duties
with respect to property leasing and maintenance. All major decisions a	are made by Hope
Plaza officers and directors.	
02. Form 990 governing body review (Part VI, line 11)	
A draft of the Form 990 is provided to the Board members prior to filin	ng. The Members
review the draft and provide comment and questions. Any necessary chang	ges are incorporated
to a final which is provided to the Board before it is filed. The final	l is signed by an
officer and filed.	
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03. Form 990 availability to public (Part VI, line 18)	
03. Form 990 availability to public (rait vi, line 10)	
Certain financial documents are available to the public upon request -	including the Form
990.	
04. Governing documents, etc, available to public (Part VI, line 19)	_
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Selected governance documents are available to the public upon request.	
	<u>.</u>